



RN, Case Manager and Delegating Nurse in Assisted Living Facilities

This 2-day course is designed to provide the fundamental foundation to the RN who chooses to work in Assisted Living as a delegating nurse either as an independent contractor or as a full time/ part time employee of an assisted living facility. The Maryland Board of Nursing approves this course.

Dates and Location

Thursday, July 21, 2016

Friday, July 22, 2016

8:30 am – 4:30 pm

Handelman Conference Center
10280 Old Columbia Rd, Ste 220
Columbia, Maryland

Registration & breakfast begin at 8:00 am.
Doors open at 8:00 am

Fee: \$365.00

(Lifespan Members & Nonmembers)

Training Program Hours

8 hours each day for two-day sessions. Must attend both days. Attendance is required at all 16 hours to receive a certificate of completion and meet the Maryland Board of Nursing requirements for successful completion.

Course Description

This course is designed to provide a basic foundation for the nursing practice of the registered nurse who:

- a. delegates nursing functions in the assisted living setting including medication administration.
- b. teaches medication administration to the medication technician in assisted living.



Objectives

Upon completion of this course, the student should be able to:

1. Explain the history and role of assisted living facilities in Maryland;
2. Describe the impact of SB405 on the registered nurse's practice in assisted living facilities;
3. Discuss legal and ethical issues when delegating nursing functions as an independent contractor;
4. Outline business practices and the nurse's responsibilities to both the assisted living provider and resident;
5. Review effective teaching strategies for classroom and clinical practice;
6. List documents that must be submitted to the Maryland Board of Nursing at the completion of the Medication Technician training program.

Topics

- History of Assisted Living Programs
- Regulations Governing Case Manager/Delegating Nurse Practice in Assisted Living
- Overview of Case Management/Delegating Nurse Role and Responsibilities
- Teaching Medication Administration in Assisted Living
- Case Management Principles
- Delegation of Nursing Practice
- Legal, Ethical and Business Issues
- Communication
- Adult Learning Principles

Qualifications of Participants

- Current active Maryland RN license in good standing
- Interest and current employment in Assisted Living facilities

Important Notice

Participants must have a permanent RN license, **NO Temporary license** will be accepted. Please make sure you know your RN license number or have it on hand the last day of the course.

Instructor

**Kimberly Malin, RN,
MSN, CDONA, CM/DN[®]**

**Director of Nursing
Hillhaven Nursing,
Assisted Living and
Rehabilitation Center**

Kim is a registered nurse with over 25 years experience working in a demanding, administrative role offering strong communication and leadership skills with outstanding clinical achievements. She is approved by the Maryland Board of Nursing as an instructor of the Registered Nurse, Case Manager,

Continuing Education Credits

Each participant will receive a certificate of completion at the end of the course.

Registration Policies

1. Please mail or fax your registration early. Space is filled on a first served basis. Policy and deadlines for registration are the same by fax as by mail.
2. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information.
3. Registrations and payment must be received no later than five days prior to the workshop.
4. We reserve the right to cancel this program due to insufficient registration.

Cancellation Policy

Refunds, minus a \$100 processing fee per registrant, will be honored if requested in writing TEN (10) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutions in their places without prior notification. Additional fees may apply

Inclement Weather Policy

If Howard County Public Schools are closed or opening late due to inclement weather, all seminars are **CANCELLED**. Registrants will be contacted regarding rescheduling arrangements.

Directions to Seminar Site

The Handelman Conference Center
10280 Old Columbia Road, Suite 215
Columbia, Maryland 21046
410-381-2401

From Interstate 95:

Take Route 32 West—exit 38B—to wards Columbia. Exit at Shaker Drive—Eden Brook Drive keep right at the fork in the ramp, cross over bridge to Old Columbia Road. Turn right at the traffic light. Drive past the fire department and turn right after the group of mail boxes, 10280 River Center Industrial Park, (across from Guilford Road). Take a quick left then and immediate right. Go around the back of the parking lot and enter the building at the far end marked: **Handelman Conference Center**, Suite 215.

From Route 29:

Take Route 29 to Route 32 East (towards Fort Meade). Take your first exit (Shaker Drive—Eden Brook Drive) and bear to the right. (2) Go through traffic light. After light go 0.6 mile and make a right (across from Guilford Road) into 10280 Rivers Center Industrial Park. Take a quick left then and immediate right. Go around the back of the parking lot and enter the building at the far end marked **Handelman Conference Center**, Suite 215

From Frederick:

Take I-70 East towards Baltimore. Exit onto Route 32 South (Exit 80) to Columbia. Take Shaker Drive—Eden Brook Drive exit and bear to the right. Follow above directions at (2).

Registration Form

RN, Case Manager and Delegating Nurse Training

Thursday, July 21 — Friday, July 22, 2016

PLEASE PRINT. Copy this form for multiple registrants. Please register and return July 14, 2016.

Name _____ Title _____

Email (Work) _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: **\$365.00** Total Amount Due \$ _____

Please mail with check payable to:

THE BEACON INSTITUTE, 10280 Old Columbia Road, Suite 220, Columbia, MD 21046

Or fax with credit card information to **410.381.6061**



NONMEMBERS: Payment must accompany registration or received prior to date of seminar.

Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

Credit Card Billing Address _____

Card Holder Email Address _____